STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155519	A. BUILDING 01 B. WING	08/22/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLECARE OF VINCENNES	1202 S 16TH ST VINCENNES, IN47591

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 08/22/11 Facility Number: 000357 Provider Number: 155519 AIM Number: 100291370 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Gentlecare of Vincennes was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility with a basement was determined to be of Type V (000) construction and was	K0000	This plan of correction is submitted to serve as allegations of compliance. Preparation and/or execution of this plan of corrections does not constitue an admission or agreement by the provider of the allegations or conclusions set forth in the statements of deficiencies.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 60 and had a census of 48 at the time of this survey. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/23/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0029 SS=E	One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 Based on observation and interview, the facility failed to ensure 1 of 10 hazardous area room doors, such as a kitchen door, was equipped with a	K0029	Corrective action for residents found to have been affected: No residents were found to have been affected by this practice. Identification of Residents to having the potential to be affected: Per survey findings; all	08/31/2011

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	properly operating self closing device on the door. This deficient practice could affect any of the 48 residents, as well as staff and visitors while in the front lobby area. Findings include: Based on observation on 08/22/11 at 11:10 a.m. during a tour of the facility with Maintenance Supervisor, the kitchen door to the front lobby area was provided with a self closing device, however, the door did not close completely when tested several times. There was a one inch gap between the door and its frame when closed. This was acknowledged by the Maintenance Supervisor at the time of observation. 3.1-19(b)		residents, staff and visitors while in the front lobby area have the potential to be affected. The Maintenance Supervisor replaced the self closing device on the kitchen door to the front lobby. Measures or systemic changes to prevent recurrence: The kitchen door (as well as all other hazardous area room doors) will be inspected monthly by the Maintenance Superior. The results of the inspections will be recorded and presented to the Administrator for review. Corrective action monitored: The Administrator and the Maintenance Supervisor will monitor compliance with this Plan of Corrections and report to the facility's Continuous Quality Improvement Committee. The Continuous Quality Improvement Committee meets monthly with the findings reported to the quarterly Quality Assurance Committee.	
K0062 SS=E	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on observation and interview, the facility failed to ensure 2 of over 300 sprinkler	K0062	Corrective action for residents found to have been affected: No residents were found to have been affected by this practice.	08/31/2011

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	heads in the facility were free of paint. NFPA 101 Section 9.7.5 refers to NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2-2.1.1 requires sprinklers to be free of paint. Any sprinkler shall be replaced that is painted. This deficient practice could affect any of the 48 residents, as well as staff and visitors while in the Hall 3 corridor, or Hall 2 corridor and front lobby which were part of the same smoke compartment. Findings include: Based on observations on 08/22/11 at 10:20 a.m. and again at 10:40 a.m. during a tour of the facility with the Maintenance Supervisor, the sprinkler head in the Hall 3 storage room and the sprinkler head in the Hall 2 Billing Office were partially covered with white paint. This was acknowledged by the Maintenance Supervisor at the time of each observation. 3.1-19(b)		Identification of residents having the potential to be affected: Per survey findings; all residents, staff and visitors while in Hall 3 or Hall 2 and front lobby have the potential to be affected. Facility contacted Tri-State Fire Protection to schedule replacement of sprinkler heads. The sprinkler heads in Hall 3 storage room and Hall 2 Billing Office were replaced. (Attachment A) Measures or systemic changes to prevent recurrence: The sprinkler heads in Hall 3 storage room and Hall 2 Billing office (as well as all other sprinkler heads) will be inspected monthly by the Maintenance Supervisor. Sprinkler heads with paint on them will be replaced. The results of the inspection will be recorded and presented to the Administrator for review. Corrective action monitored: The Administrator and the Maintenance Supervisor will monitor compliance with this Plan of Correction and report to the facility's Continuous Quality Improvement Committee. The Continuous Quality Improvement Committee meets monthly with the findings reported to the quarterly Quality Assurance Committee.	

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K0069 SS=B	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review, interview and observation; the facility failed to ensure 1 of 1 kitchen exhaust systems was cleaned at least semiannually. NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) in accordance with Table 8-3.1. Table 8-3.1 requires systems serving moderate volume cooking operations shall be inspected semiannually. This deficient practice could affect any resident, staff or visitor in the vicinity of the kitchen. Findings include:	K0069	Corrective action for residents found to have been affected: No residents were found to have been affected by this practice. Identification of residents having the potential to be affected: Per survey findings; all residents, staff or visitors in the vicinity of the kitchen have the potential to be affected. The maintenance Supervisor contacted Sure Clean (facility's contracted cleaning service) to schedule the cleaning of the kitchen exhaust system. Sure Clean cleaned and inspected kitchen exhaust system (Attachment B) and scheduled next semi-annual cleaning. Measures or systemic changes to prevent recurrence: The Maintenance Supervisor will review cleaning schedule for kitchen exhaust system monthly. The Maintenance Supervisor will contact Sure Clean (facility's contracted cleaning service) 30 days in advance of required semi-annual kitchen exhaust cleaning to schedule the service. The Maintenance Supervisor will report cleaning schedule of kitchen exhaust system to the Administrator. Corrective action monitored: The Administrator and the Maintenance Supervisor will monitor compliance with this Plan of Correction and report to the facility's Continuous Quality Improvement Committee. The Continuous Quality Imrovment	08/31/2011

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	Based on review of the kitchen range inspection reports in the Fire Alarm folder on 08/22/11 at 9:00 a.m. with the Maintenance Supervisor present, there was no documentation to show the kitchen range hood had been cleaned within the past six months. Based on observation at 11:30 a.m. during a tour of the facility with the Maintenance Supervisor, there was a sticker on the kitchen range hood which indicated the range hood was cleaned in September of 2010 with the next scheduled cleaning due in April of 2011. This was confirmed by the Maintenance Supervisor at the time of observation, furthermore, per phone call at 11:45 a.m., the Maintenance Supervisor confirmed with the range hood cleaning vendor, the hood had not been cleaned since September of 2010. 3.1-19(b)		Committee meets monthly with the findings reported to the quarterly Quality Assurance Committee. ATTACHMENT A - Receipt from Tri-State ATTACHMENT B - Receipt from Sure-Clean	